

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

36068

1. PLACE OF DEATH

County Camden
Township Osage
City Osage (No. _____)

Registration District No. 1113
Primary Registration District No. 5317

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Seige Mo St. _____ Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary A. Hutson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 14 1877</u>		
7. AGE YEARS <u>56</u> MONTHS <u>9</u> DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) <u>July 1932</u>	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osage Co Mo</u>		
FATHER	13. NAME <u>Elmer Hutson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Myra Earney</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Camden Co Mo</u>	
17. INFORMANT <u>Mary A. Hutson</u> (ADDRESS) <u>Seige Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Reynolds</u> <u>Mo</u> DATE <u>11/16-1933</u>		
19. UNDERTAKER <u>L. J. Jones</u> (ADDRESS) <u>Seige Mo</u>		
20. FILED <u>11-18</u> 19 <u>33</u> <u>E. E. Bell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov 14 1933</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>July 1932</u> to <u>Nov 14 1933</u> I last saw him alive on <u>Nov 10 1933</u> . Death is said to have occurred on the date stated above, at <u>5 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>Myocarditis</u> Date of onset <u>July 1932</u>
Other contributory causes of importance: _____
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? <u>No.</u> If so, specify _____ (Signed) <u>Geo. H. Reene</u> , M. D. (Address) <u>Seige Mo</u>

